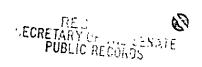
## 14020213329

FE5AN018

## FEC FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee



14 APRombousePariy 4 25

1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		xample: If typing, ver the lines.	type	12FE4M5	
Carper For Senate							
ADE	DRESS (number and street)	PO Box 2882					
<b>▼</b>	Check if different		1 1 1 1	1 1 1 1 1			
<u> </u>	than previously reported. (ACC)	Wilmington			L	DE 19805	
2.	FEC IDENTIFICATION N	JMBER ▼	CITY		ST	ATE A	ZIP CODE
	C C00349217	3.	IS THIS	NEW (A)	an [	AMENDED	STATE ▼ DISTRICT
_			REPORT	(N)	OR -	A (A)	
4. TYPE OF REPORT (Choose One)  (b) 12-Day PRE-Election Report for the:							
	(a) Quarterly Reports:			Primary (12P)		General (12G)	Runoff (12R)
	April 15 Quarterly F			Convention (12	c) [	Special (12S)	
	July 15 Quarterly R			M M /	0 0 0 / 1	, v <sub>Y</sub> v <sub>Y</sub> v	in the
	October 15 Quarter		Election or				State of
	January 31 Year-En	d Report (YE) (c)	30-Day <b>PO</b>	ST-Election Repor	rt for the:		<b>;=</b> =5
				General (30G)		Runoff (30R)	Special (30S)
	Termination Report	(TER)	Election or	M*M /	0 ° 0 / (	<u> </u>	in the State of
		 				<del>~~</del>	
5.	Covering Period 01	M / D / Y	7 Y Y Y 2014	through	M M /	31 / 🔻	2014
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.							
Type or Print Name of Treasurer Arthur G. Connolly III							
ante > Comoly II MIM / DID / YYYYYY							
Signature of Treasurer Arthur G. Connolly III Date							
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.  Office							
ı	Use	ŀ					EC FORM 3 Revised 02/2003)